

## APOA

### Limited Power of Attorney

The Limited Power of Attorney form is used to give permission for representation in tax matters to another entity. If the representative to whom the power of attorney is being appointed is to receive all Unemployment Insurance information (including Tax and Wage Reports, Tax Assessments, Liability Determinations, Tax Lien Notices, Tax Rate and Benefit Charge Notices), complete item number one. Complete item number two if, in addition to the primary address, you choose to have Unemployment Benefit and Appeal notifications mailed to a separate address. If no change in the primary or claims address is required, check the box in item number three.

Questions about the use or completion of the Limited Power of Attorney form should be directed to the Employer Status Unit at

Employer Status Unit  
ADES – UI Tax Section – 911B  
P.O. Box 6028  
Phoenix, Arizona 85005-6028

Telephone - (602) 248-9396

FAX - (602) 650-1298

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
EMPLOYMENT SECURITY ADMINISTRATION  
UNEMPLOYMENT INSURANCE – TAX  
PO BOX 6028 • PHOENIX AZ 85005-6028

**LIMITED POWER OF ATTORNEY**

EMPLOYER NAME

EMPLOYER ACCOUNT NUMBER OR FEDERAL EMPLOYER IDENTIFICATION NUMBER

does hereby appoint

NAME OF REPRESENTATIVE

to represent said company before The Arizona Department of Economic Security (ADES) in all matters concerning unemployment insurance until further notice.

**1. PLEASE COMPLETE THE FOLLOWING TO CHANGE THE PRIMARY ADDRESS:**

*All unemployment insurance information including Tax & Wage Reports, Tax Assessments, Liability Determinations, Tax Lien Notices, Tax Rate and Benefit Charge Notices will be mailed to this address.)*

NO. STREET/POST OFFICE

CITY, STATE, ZIP CODE

TELEPHONE NUMBER

( )

In addition to the primary address, you may choose to have the unemployment benefit and appeal notifications mailed to a separate address.

**2. PLEASE COMPLETE THE FOLLOWING FOR A SEPARATE UNEMPLOYMENT CLAIMS ADDRESS:**

NO. STREET/POST OFFICE

CITY, STATE, ZIP CODE

TELEPHONE NUMBER

( )

**3. DO NOT CHANGE EITHER PRIMARY OR CLAIMS ADDRESS. (✓ Box if appropriate)**

In witness whereof, said company has caused this instrument to be attested by the signature of its **duly qualified officer or owner** this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
DAY MONTH YEAR

This Limited Power of Attorney cancels and/or supersedes all prior authorizations.

BY: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_